



Yukon-Kuskokwim
HEALTH CORPORATION

YKHC Telepharmacy

Request for Proposal 2025

RELEASE DATE: September 1, 2025

ACCEPTANCE DATE: Prior to 4:00 p.m., October 31, 2025

PLACE: Yukon-Kuskokwim Health Corporation
Bethel, Alaska

ALL responses must be emailed to:

Christine_Blake@ykhc.org **AND** Christopher_Beltzer@ykhc.org

Requests for information related to this invitation should be directed to:

Christine Blake
Contracts Manager
907-543-6632
E-mail address: Christine_Blake@ykhc.org

Prepared By: _____ Date: _____

Contracts Manager

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Section 1 Background

1.1 About YKHC

The Yukon-Kuskokwim Health Corporation (YKHC) is a non-profit, tax-exempt corporation operating pursuant to resolution of 58 federally recognized tribes. YKHC operates a Joint Commission health program in the Yukon-Kuskokwim Delta region pursuant to a Compact and Funding Agreement with the Indian Health Service, as authorized by the Indian Self-Determination and Education and Assistance Act, 25 U.S.C. 450, *et seq.*, and Section 325 of P.L. 105-83.

Serving an area with a population of approximately 30,000 people, YKHC's operations include the Yukon Delta Regional Hospital (YKDRH) with 50 licensed beds, ambulatory medical and behavioral health services, long-term and pre-maternal residential care, as well as dental, surgical, and optometry services. YKHC's five sub-regional clinics and 43 village clinics are located throughout Southwest Alaska.

As the second largest Tribal Health Organization in Alaska, YKHC is the largest provider of healthcare in the region, and is the only acute care provider in Southwest Alaska. In fiscal year 2025, YKHC had 1,600 full time employees working to achieve its mission of "Working together to achieve excellent health" and its vision, "Through Native self-determination and culturally relevant health systems, we strive to be the healthiest people."

YKHC 2024 Patient Encounters:

Day Surgery	473	<u>Sub Regional Clinics:</u>	
Emergency	25,335	Aniak	3,815
Inpatient	1,657	Emmonak	6,536
Home Visit	2,023	Hooper's Bay	8,432
LTC Encounters	21	St. Mary's	5,818
Laboratory	2,190	Toksook Bay	6,432
Ambulatory	40,792	Villages Clinics	61,472
Observation	940	Optometry	7,678
Telemedicine	10,601		
Urgent Care	5,265		
Behavioral Health	13,342	TOTAL ENCOUNTERS	202,822

The hospital is open 7 days per week, 24 hours per day. In addition to our inpatient and maternity units, we also have an emergency department. The hospital does NOT have an intensive care unit.

The inpatient pharmacy is currently staffed 7 days a week, 365 days a year 0700-1900. Pharmacists take call when the inpatient pharmacy is closed. Upon entry into a contract with a Telepharmacy company, it is our intention to modify the inpatient pharmacy hours to 0800-1800. The inpatient pharmacy processes approximately 9,700 inpatient orders per month with 3,500 orders processed during 1800-800. There are approximately 1,000 Pickpoint prescriptions dispensed each month.

The outpatient pharmacy is currently staffed Monday-Friday 0900-2200 (excluding holidays). When the outpatient pharmacy is open and a patient is discharged from the Emergency Room (ER), the patient picks up their medication from the Outpatient Pharmacy. However, when the outpatient pharmacy is closed, ER nursing staff removes the appropriate medication from the Pickpoint dispensing machine and the provider gives the medication to the patient and counsels them regarding its use. This process is intended to be modified to include Telepharmacy services which is planned to include prescription order entry in the retail pharmacy system, video verification of appropriate product removal from Pickpoint, and video counseling of the patient regarding their medication prior to discharge. Items in the Pickpoint include items identified by the hospital P&T committee as being necessary for acute treatment of patient's being discharged from the ER and include OTC as well as prescription items.

Additional information may be found at <http://www.YKHC.org>.

Section 2 General Information

2.1 Purpose of Request for Proposals

The intent of this Request for Proposals (RFP) is to obtain proposals from qualified remote pharmacy service providers who could/would provide remote pharmacy services during hours when the on-site pharmacy is closed.

2.2 Alaska Native/Indian Preference

In accordance with Section 7(b) of the Indian Self Determination and Education Assistance Act, 25 U.S.C., 450e(b), a preference is available to Alaska Native/American Indian-owned organizations and economic enterprises under this RFP.

An eligible Alaska Native/American Indian-owned organization is the governing body of any Alaska Native/American Indian tribe, or any entity established by such governing body for purposes of the Indian Financing Act.

An eligible Alaska Native/American Indian-owned economic enterprise is any commercial, industrial, or business activity established or organized for the purpose of profit, and is at least 51% owned, controlled, and actively managed by Alaska Native/American Indians.

2.3 Contract Period

YKHC intends to establish a contract for remote pharmacy services with a performance period of at least one year with options to renew the contract at the completion of the contract term.

2.4 YKHC Contact Information

Contract:

Christine Blake

Contracts Manager

907-543-6632

E-mail address: Christine_Blake@ykhc.org

Technical:

Lillian Okpaleke

Director of Pharmacy

907-543-6988

E-mail address: Lillian_okpaleke@ykhc.org

Section 3 RFP Details

3.1 RFP Schedule

Issue RFP	September 1, 2025
Pre-Proposal Meeting	None
Deadline to Submit Questions (send to BOTH contacts listed in section 2.4	October 31, 2025
YKHC Publishes Addendum in Response to Questions at https://www.ykhc.org/about-ykhc	October 1, 2025

in the “ Quick Links ” drop down menu under Requests for Proposals . <i>It is the responsibility of Offerors to check the website for Addendums. Offerors will NOT receive notification when addendums are issued.</i>	
Proposal Due Date and Time	October 31, 2025 4:00PM Alaska Time
Contract Award	November15, 2025
Service Start Date	Upon contract execution

3.2 Deadline for Receipt of Proposals

Proposals must be sent to **both** of the following email addresses with the subject identified as “Telepharmacy Services for YKHC”:

Christine_Blake@ykhc.org AND Christopher_Beltzer@ykhc.org

Proposals must be **received** via email no later than October 31, 2025 4:00PM Alaska Time

The recorded date and time of receipt will be the date and time provided by YKHC’s email server.

Offerors will receive a reply to the email confirming YKHC has received the proposal.

3.3 Required Documents

Prior to executing a contract, the Contractor must provide YKHC with copies of a current State of Alaska Business License, City of Bethel Business License (if required by law), Certificate of Insurance (as described in the contract), and IRS Form W-9.

3.4 Addendums to the RFP

YKHC will issue addendums to the RFP as needed and in response to questions submitted by Offerors, in accordance with the schedule in Section 3.1.

Addendums will be posted to the YKHC website: <https://www.ykhc.org/about-ykhc> in the “**Quick Links**” drop down menu under **Requests for Proposals**.

It is the responsibility of Offerors to check the website for addendums. Offerors will NOT receive notification when addendums are issued.

3.5 Pre-Bid Meeting and Site Visit

Pre-bid meeting and site visits will not be held for this RFP.

3.6 Contract Negotiations

This RFP does not obligate YKHC or the selected Offeror until a contract is approved and signed by both parties. Upon completion of an evaluation of proposals, contract negotiations may begin. If the selected Offeror fails to provide necessary information in a timely manner and/or negotiate in faith, YKHC may terminate the award of the contract. YKHC will not be responsible for costs incurred by the Offeror resulting from contract negotiations. YKHC reserves the right to include additional terms and conditions during contract negotiations.

3.7 Rules

3.7.1 Rights

YKHC reserves the right to accept or reject all or any part of any proposal, waive informalities, and award the Contract in a manner that encourages competition and best serves the interests of YKHC.

3.7.2 Withdrawals

No Offeror who is permitted to withdraw a proposal shall, for compensation, supply any material or labor to or perform any subcontract or other work agreement for the person or firm to whom the Contract is awarded or otherwise benefit, directly or indirectly, from the performance of the project for which the withdrawn proposal was submitted.

3.7.3 Proposed Changes to Scope of Services

If there is any deviation proposed by the Offeror from that prescribed in the Scope of Services, the appropriate line in the Scope of Services must be ruled out and the substitution clearly indicated. YKHC reserves the right to accept or reject any proposed change to the scope.

3.7.4 Miscellaneous

- a. YKHC will not be responsible for any expenses incurred by Offerors in preparing and submitting a proposal. All proposals shall provide a concise description of the Offeror's ability to satisfy the requirements of this request. Emphasis should be on completeness and clarity of content.
- b. Offerors who submit a proposal in response to this RFP may be required to make an oral presentation of their proposal, in which case the Contracts Manager will schedule the time and location for this presentation.
- c. Some or all of the proposal documents submitted by the successful Offeror may become part of any Contract awarded.
- d. YKHC reserves the right to reject any and all proposals received and will act in any manner necessary to serve the best interests of YKHC. Offerors whose proposals are not accepted will be notified in writing (by email).
- e. Proposals shall become the property of YKHC upon receipt and will not be returned.
- f. In order to support compliance with the requirements of the Health Information and Privacy Accountability Act (HIPAA), coding services **must be** performed within the United States of America and Contractor must sign and comply with YKHC's Business Associates Agreement (BAA).

4.0 Instructions for Offerors

4.1 Clarification and Questions

Offerors should carefully review this RFP for errors and items requiring clarification.

Questions regarding this RFP must be sent via email to BOTH Contact Persons listed in section 2.4 on or before the deadline to submit questions shown in Section 3.1.

Offerors who make contact with YKHC employees other than Contact Persons listed in Section 2.4 regarding this RFP should not rely on responses received and may be disqualified.

4.2 Award Protests

Once the successful Offeror is selected, YKHC will provide a Notification of Intent to Award to all Offerors by email and will inform them of their right to appeal the decision. Information on YKHC's appeal procedures will be provided upon request.

4.3 Proposal Withdrawn or Corrected

A proposal may be corrected or withdrawn by written request received prior to the date and time proposals are due.

4.4 Late Proposals

Late proposals will not be considered and will be returned to Offerors UNOPENED as a “reply” to the email address from which the proposal was sent.

Section 5 Format for Proposals

5.1 Proposal Content and Format

5.1.2 Proposal Submittal Form (Cover Page)

- a. Name and identifying number of this RFP 2025 *Remote Pharmacy Services for YKHC*
- b. Name and contact information of at least one person authorized to communicate with YKHC regarding the proposal.
- c. Company name, mailing address, phone number(s).
- d. Statement that the proposal shall be valid for at least forty-five (45) days from the proposal submission date.
- e. Signature of person authorized to represent the company.
- f. Date of submittal.

5.1.3 Qualifications and Experience

Provide specific details on Company’s background, qualifications, and experience relative to performing the requirements set forth in the Scope of Services including, but not limited to:

- a. Background of the Company, i.e. services offered, size, resources, years in business, location, state of incorporation, etc.
- b. Description of Company’s qualifications to perform Scope of Services.
- c. Description of three (3) past or present contracts demonstrating Company’s qualifications, experience, and performance. Include customer name, contact name and telephone number. If not available, provide contact name and telephone number of three (3) references that can discuss your Company’s qualifications, experience, and performance.

5.1.4 Staffing

Provide details of the organization of Company's staff, relative to performing requirements set forth in the Scope of Services, as follows:

- a. Company's managerial organizational chart and description of experience and qualifications of key positions.
- b. List of personnel identified to perform services, including: name, years of experience, number of years with the Company, qualifications, and verifiable references (with contact telephone numbers).
- c. Examples of pharmacy production reports including hours, accuracy, and statistics by pharmacist.

5.1.5 Pricing Proposals must include:

- a. Set-up fee (if applicable)
- b. Recurring charges (if any)
- c. Per-unit price per hour or per order, whichever is applicable to pricing structure
- d. Guaranteed turn-around times for order verification
- e. Provide a detailed, line-item list (including at a minimum: description of price elements and personnel performing services; hours required; unit price; total price; taxes) of any and all prices, with a summary total, representing the dollar amount offered (Summary Offer) to perform Scope of Service requirements of this RFP.

All worksheets and supporting documentation in determining the Summary Offer shall be provided with the proposal to verify validity of computations and determine if prices are "fair & reasonable". A further breakdown of price elements and/or price related information may be requested during proposal review and evaluation.

The Summary Offer shall represent the total amount offered.

Section 6 Selection Process

The YKHC RFP Review Team (RT) will collectively develop a composite rating which indicates the Team's ranking of the proposals in a descending order. The RT may conduct interviews with only the top ranked Offerors, usually the top two (2) or three (3) depending upon the number of proposals received.

Proposals will be evaluated and a selection made on the basis of the criteria listed below. There are twenty-five (25) points available.

- a. Qualifications and experience in providing remote pharmacy services **(5 Points)**
- b. Cost of services. **(6 Points)**
- c. Guaranteed turn-around time. **(6 Points)**
- d. Demonstrated commitment to customer service. Provide a detailed statement of what your company will provide in terms of excellent customer service. Provide examples. **(4 Points)**
- e. Alaska Native/Indian owned/managed business. **(1 Point)**
- f. Overall quality and completeness of proposal. **(3 Points)**
- g. Three (3) past or present contracts demonstrating Company's qualifications, experience, and performance. Include customer name, contact name and telephone number. If not available, provide contact name and telephone number of three (3) references that can discuss your Company's qualifications, experience, and performance. **(pass/no pass)**

Section 7 Scope of Work

YKHC is looking to contract with a remote pharmacy services provider that will offer pharmacy services during the hours that there is no on-site pharmacy coverage as well as during the weekends for Pickpoint dispensing. The services to be provided will include Inpatient and ER order verification, ER discharge prescription processing, dispensing via Pickpoint, ER patient counseling, and Consulting services for Providers.

Hours the services are required for inpatient and ER order verification, prescription verification, Pickpoint dispensing, and patient prescription counseling:

7 days a week, 365 days per year: 14 hours (1800-0800)

Weekend Pickpoint Dispensing: Friday 2200 – Monday 0800

*Holidays include: New Year's Day, Martin Luther King Jr. Day, President's Day, Memorial Day, Juneteenth, Independence Day, Labor Day, Veteran's Day, Thanksgiving Day, Christmas Day, Traditional Chief's Day (floating holiday that generally falls the day before or the day after Christmas). If a holiday falls on a Saturday or Sunday, the holiday is recognized on the Friday or Monday around the weekend holiday.

Requirements:

The following minimum requirements of a telepharmacy provider are:

1. Alaska State Board of Pharmacy approval to provide pharmacy services in the State of Alaska.
2. Offer remote pharmacy services during the hours outlined above.
3. Utilize or have the ability to utilize the following pharmacy order entry system and Electronic Health Record (EHR): Cerner Millennium, Pharmnet, Scriptpro Pharmacy Management System, TigerConnect
4. Provide clinical services. To include, but not limited to medication dosing and monitoring per protocol (Vancomycin, warfarin), other physician medication requests as needed, physician consultation, and nurse consultation (including first line Pyxis support for nursing staff).
5. Provide medication management services per YKHC policies
6. Process and bill (minimal billing knowledge required) ER discharge prescriptions prior to dispensing to patients
7. Provide ER discharge prescription counseling to patients via video conferencing or Telephone prior to their discharge from the emergency room.
8. Utilize Alaska licensed hospital trained (or equivalent) pharmacists to provide remote pharmacy support.
9. Utilization of VMWare to access our EHR and all pharmacy related applications.
10. Network security is assigned to individual users.
11. Telephone and, when appropriate, video communication directly to the YKHC staff supporting our organization.

Section 8 Contract Terms and Conditions

Any and all language presented in proposals may be included in the Contract.

The Contract will contain the following Terms and Conditions and Offerors intending to propose different language or additional terms must include such language in their proposal. Failure to provide Offeror's additional or modified contract terms may result in rejection of the proposal. While YKHC may accept additional or different language, the Terms and Conditions marked with an asterisk (*) are not negotiable.

8.1 Services. The services to be performed by the Contractor shall be subject to the general control and approval of the Director of Pharmacy or his/her authorized representative.

8.2 Contract Period. This Contract may be renewed at the expiration of the initial term upon written agreement of both parties.

8.3 *Business, Professional, and Occupational License Requirements. Contractor must provide proof of valid City of Bethel and State of Alaska business licenses, if requested. Licenses must be current during the term of the Contract and any renewal period.

8.4 *Insurance CONTRACTOR shall maintain the following insurance policies and include YKHC as Additional Insured on each policy: (1) Commercial General Liability Insurance with a minimum policy limit of \$1,000,000.00 (ONE MILLION UNITED STATES DOLLARS AND ZERO CENTS) per occurrence and \$3,000,000.00 (THREE MILLION UNITED STATES DOLLARS AND ZERO CENTS) aggregate and (2) Workers' Compensation Insurance in the minimum amounts required by the applicable state, with a waiver of subrogation. Upon execution of this Contract and once every year thereafter, CONTRACTOR shall provide YKHC with a Certificate of Insurance in effect. CONTRACTOR agrees to notify YKHC in writing at least 30 days in advance of any proposed cancellations or changes in insurance or bonding coverage.

WE NEED THIS WORDING HERE IF THE CONTRACTOR WILL BE ON SITE – EVEN JUST FOR A VISIT.

8.5 *Debarment. Contractor, including any of its subcontractors or key employees, certifies that it is not debarred, suspended, or excluded from contracting by any Federal, state, Tribal or other government body.

8.6 *Occupational Safety. *The Contractor must comply with the Occupational Safety and Health Act of 1970, Public Law 91-956, as it may apply to this Contract.

8.7 *Indemnity. Contractor agrees to indemnify, defend and hold harmless YKHC, its agents and employees from and against any suit, allegations, demands or claims arising directly or indirectly from this Agreement or Contractor's performance hereunder except in the event such claim is the result of the sole negligence or intentional misconduct of YKHC

8.8 *No Subcontract. This Agreement for Services is the means by which YKHC wishes to secure the services of Contractor. YKHC is engaging the services of Contractor because of Contractor's particular and specialized knowledge, judgment, skill and expertise. Accordingly, the services to be performed by Contractor under this Agreement may only be performed by Contractor, and no other, except with the prior written consent of YKHC in its sole discretion.

8.9 *Termination Either party may terminate this Agreement for any reason whatsoever, by giving thirty (30) days' notice of intent to terminate. In the event of termination of this Agreement pursuant to this paragraph, the Contractor shall be paid for services performed as of the date of termination. In no event shall the Contractor be paid for work not yet performed.

In addition, either party may terminate this Agreement without notice upon breach of any term of this Agreement, or failure to meet any obligations hereunder. In the event of termination voluntarily, for breach of the Agreement or failure to meet the requisite obligations under the Agreement, the total compensation payable to Contractor will be solely the compensation due for work performed up to the date of termination.

8.10 *Invoices. Invoices must include description of service, rate, and number of units being billed for each service performed, and must be broken down by the coder performing the work.

Contractor is required to **send an email invoice to the Accounts Payable Department at: AccountsPayable@ykhc.org** Contractor will cooperate with Accounts Payable to establish and utilize ACH payments.

YKHC shall make payment by to Contractor upon approval by the designated YKHC Project Manager of such invoice within 30 days of receipt.

8.12 * WAIVER OF LIABILITY AND LIMITATION OF DAMAGES

CONTRACTOR AGREES THAT YKHC SHALL NOT INCUR ANY LIABILITY OF ANY KIND WHATSOEVER, AND CONTRACTOR PROSPECTIVELY WAIVES AND RELEASES YKHC FROM ANY CLAIM, LIABILITY, OR CAUSE OF ACTION

WHATSOEVER, FOR ANY INJURY OR DAMAGE TO CONTRACTOR OF ANY KIND OR NATURE THAT RESULTS FROM OR OCCURS IN CONNECTION WITH THIS AGREEMENT, INCLUDING WITHOUT LIMITATION ANY CLAIMS ARISING OUT OF ANY FAILURE OR DAMAGE TO CONTRACTOR OR PERSONAL OR REAL PROPERTY, INJURY TO OR ILLNESS OR DEATH OF CONTRACTOR'S OFFICERS, CONTRACTORS, SUBCONTRACTORS, LICENSEES, AGENTS, SERVANTS, EMPLOYEES, INVITEES OR VISITORS, AND ANY CLAIMS ARISING OUT OF ANY ACT OR OMISSION OF YKHC WITH RESPECT TO THIS AGREEMENT; PROVIDED THAT CONTRACTOR IS NOT RELEASING YKHC FROM LIABILITY FOR CLAIMS WHICH ARISE SOLELY OUT OF YKHC'S RECKLESSNESS OR INTENTIONAL MISCONDUCT. UNDER NO CIRCUMSTANCES SHALL YKHC BE LIABLE FOR ANY INDIRECT, INCIDENTAL, SPECIAL OR CONSEQUENTIAL DAMAGES, INCLUDING WITHOUT LIMITATION LOST PROFITS, EVEN IF YKHC HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES.

8.13 *Equal Employment Opportunity. Contractor must comply with Equal Employment Opportunity regulations at 41 CFR part 60, Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor. It is the policy of YKHC that all of its services and activities be administered in conformance with the requirements of Title VI of the Civil Rights Act, notwithstanding the provision in Section 7(B) of P.L. 93-638, 25 U.S.C. §450e(b), the Indian Self-Determination and Education Assistance Act, under which YKHC and Contractor shall give preference in all phases of employment and training for all work performed under this Agreement to qualified Alaska Natives and/or American Indians regardless of age, marital status, religion, sex, or "qualified individual disability status," to the extent (1) authorized by prevailing law, (2) authorized by YKHC's Compact with the U.S. Indian Health Service, and (3) feasibly consistent with the efficient performance of Agreement.

8.14 *Anti-Lobbying. Byrd Anti-Lobbying Amendment (31 U.S.C. 1352): For all contracts or subgrants of \$100,000 or more, the contractor shall certify that it will not and has not used federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any federal contract, grant, or any other award covered by 31 U.S.C. 1352.

8.15 *Clean Air Act (42 U.S.C. 7401-7671q.) and the Federal Water Pollution Control Act (33 U.S.C. 1251-1387), as amended—Contractor agrees to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401-7671q) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251-1387). Violations will be reported to the Federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).

Section 9 PROPOSAL SUBMISSION FORM

THE FIRM OF: _____

Address: _____

Hereby agrees to provide the requested services as defined in Request for Proposal No. 2020 Remote pharmacy Services for YKHC 1.1 for the prices stated in the attached proposal. This proposal shall be valid for 45 days from the date of submittal.

The following shall be returned with your proposal. Failure to do so may be cause for rejection of proposal as non-responsive. It is the responsibility of the Offeror to ensure that he/she has received all addenda.

ITEM:

INCLUDED: (X)

- | | |
|---|-------|
| 1. Experience, qualifications, and staffing | _____ |
| 2. Cost of Services Proposal | _____ |
| 3. Guaranteed turn-around time | _____ |
| 4. Customer Service Statement | _____ |
| 5. Alaska Native/Indian Ownership/Management | _____ |
| 6. Three (3) references (per 5.1.3 c., above) | _____ |

Person to contact regarding this proposal: _____

Title: _____ Phone: _____ E-mail: _____

Print name of person authorized to legally bind the company: _____

Signature: _____ Date: _____